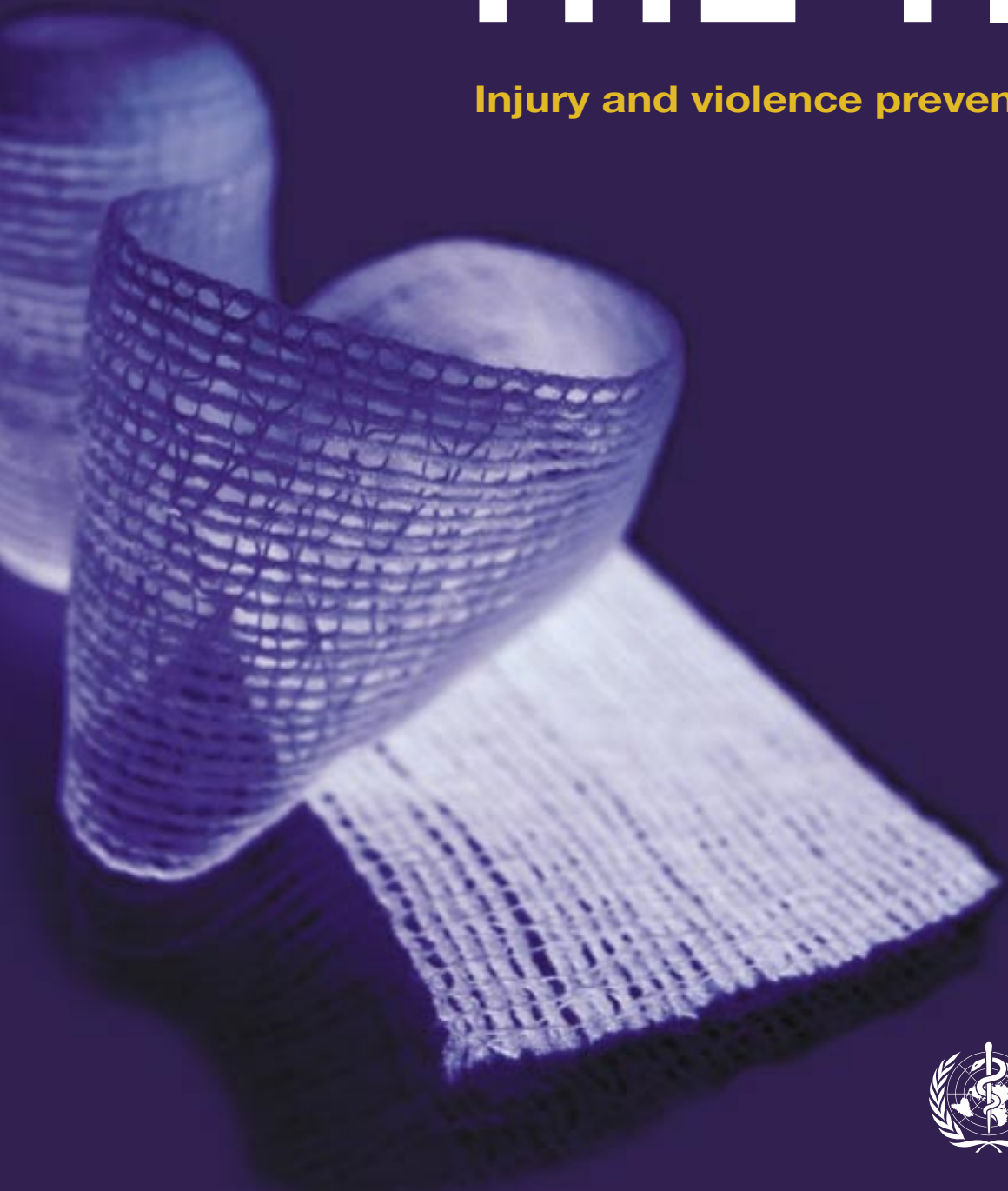


TURNING THE TIDE

Injury and violence prevention in China



World Health
Organization

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INTRODUCTION

INJURY AND VIOLENCE IN CHINA

China is the most populous nation on earth with an estimated 1.3 billion people (2002). Although the World Bank estimates that 373 million people in China still live on less than US\$2 per day (2005) it has one of the fastest growing economies in the world.

Like most countries around the world, productivity (including economic and all other development indicators) in China is very strongly linked to the health of its people. The ability to achieve the Government of China's overall goal of "xiaokang," or "well-off" society, depends to a large degree on its ability to meet the health needs of this vast nation.

Injuries and violence now cause more deaths and disabilities than communicable diseases and nutritional disorders combined. There are many challenges to reducing injury in China and although few studies have been done, evidence shows that prevention is cost-effective. Addressing injury and violence in a more concerted manner would prevent countless deaths and long-term disabilities. It would save families the huge associated economic costs and the impact or burden of losing loved ones to injury and violence.



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Terminology

“Accidents” versus “injury”

Using the word “accident” perpetuates the regrettable public view that accidents are inevitable occurrences lacking any apparent cause. Instead, WHO uses the word “injury” to indicate the ability to study, understand and, ultimately, prevent these occurrences.

Defining injury

“A bodily lesion at the organic level, resulting from acute exposure to energy (mechanical, thermal, electrical, chemical or radiant) in amounts that exceed the threshold of physiological tolerance. In some cases (e.g. drowning, strangulation, freezing), the injury results from an insufficiency of a vital element (1).”

Defining violence

Intent to commit the act itself, irrespective of the outcome, is fundamental to the WHO definition of violence:

“The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, mental harm, mal-development or deprivation (2).”

The issue of intent can be quite complex: the purposeful use of force does not necessarily indicate an aim to cause damage. This definition gains utility by distinguishing between violence, including deliberate harm, and unintended events that result in injury.

The first principle of injury **prevention** is that **injuries** occur as the result of events that can be predicted and thus **avoided**.

NOTE

This document draws on two major data sources to profile injuries:

- WHO Global Burden of Disease (GBD) mortality database for 2002 (Version 3).
- Official statistics from the Ministries of Health and Public Security (Police) and from China’s National Bureau of Statistics. Both estimates are used when possible.

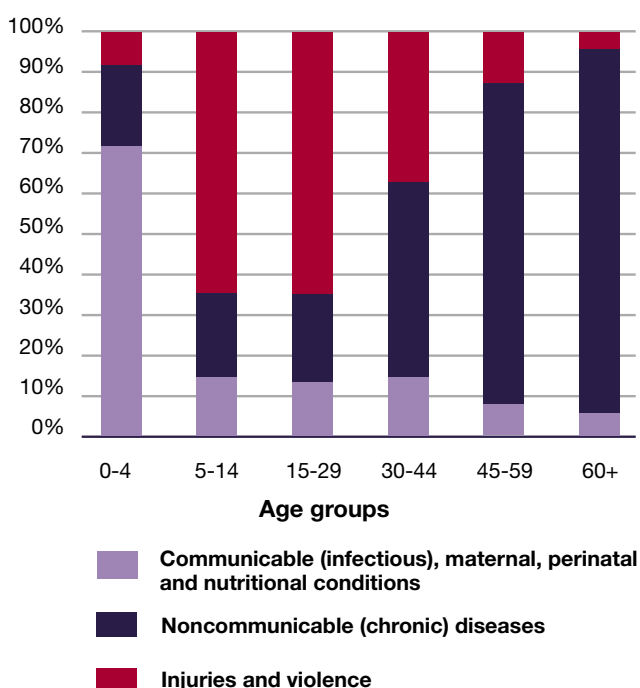
The Ministry of Health in China report mortality rates from rural and urban areas from sample populations, the figures reported in this document have been calculated by comparing these rates to the national population to obtain an estimate of the total number of deaths. Calculations for the years of potential life lost (YPLL) are based on death estimates from the GBD 2002.

INJURY AND VIOLENCE: A LEADING CAUSE OF DEATH AND DISABILITY IN CHINA

Although outbreaks of Severe Acute Respiratory Syndrome (SARS), Avian Influenza (AI) and other infectious diseases have attracted enormous interest both domestically and internationally, injuries and violence represent a higher proportion of deaths in China, contributing about 11% of the total mortality each year, compared to the 8.6% attributed to infectious disease deaths.

Overall, injury and violence is a major cause of fatality, particularly for those between the ages of 5 and 44 years where it accounts for over 50% of all deaths, the majority from drowning, road traffic injury, and suicide.

Cause of death in China, 2002



Source: WHO Global Burden of Disease (GBD) mortality database for 2002 (Version 3)

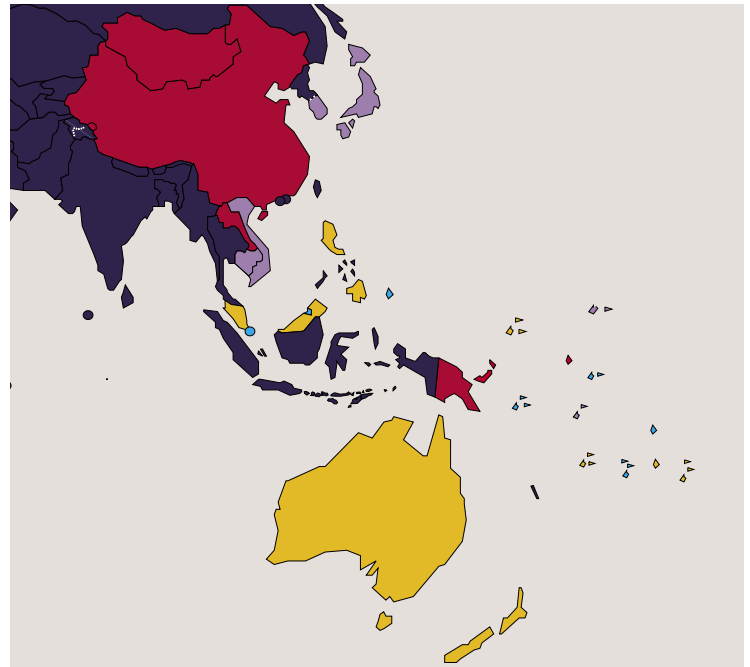


Deaths from injury: the tip of the iceberg

Injuries cause an alarmingly high number of deaths in China, but for each death many more severe injuries occur that require hospitalization and furthermore result in minor wounds. For example, international experience suggests that for every road traffic death, 15 people require hospitalization and 70 suffer minor injuries. Official figures from China's Ministry of Health show that in 1999, 3.5 million people were hospitalized due to injury. Many survivors suffer life-long disabling health consequences.

Injury and poverty

The burden of injuries also falls disproportionately on the poor – over 90% of injury-related deaths occur in low-income and middle-income countries. Poor people are at higher risk of injury because they often live, work, travel and go to school in unsafe environments. They also benefit less from prevention efforts, and have less access to high-quality treatment and rehabilitation services.



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Injury mortality in the WHO Western Pacific region / 100 000 persons

Source: WHO Global Burden of Disease (GBD) mortality database for 2002 (Version 3)

Leading causes of death by rank, China, 2002

- 1 Cerebrovascular disease
- 2 Chronic obstructive pulmonary disease
- 3 Ischaemic heart disease
- 4 Stomach cancer
- 5 Liver cancer
- 6 Trachea, bronchus, lung cancers
- 7 Suicide**
- 8 Lower respiratory infections
- 9 Tuberculosis
- 10 Road traffic injuries**
- 16 Drowning**
- 20 Falls**

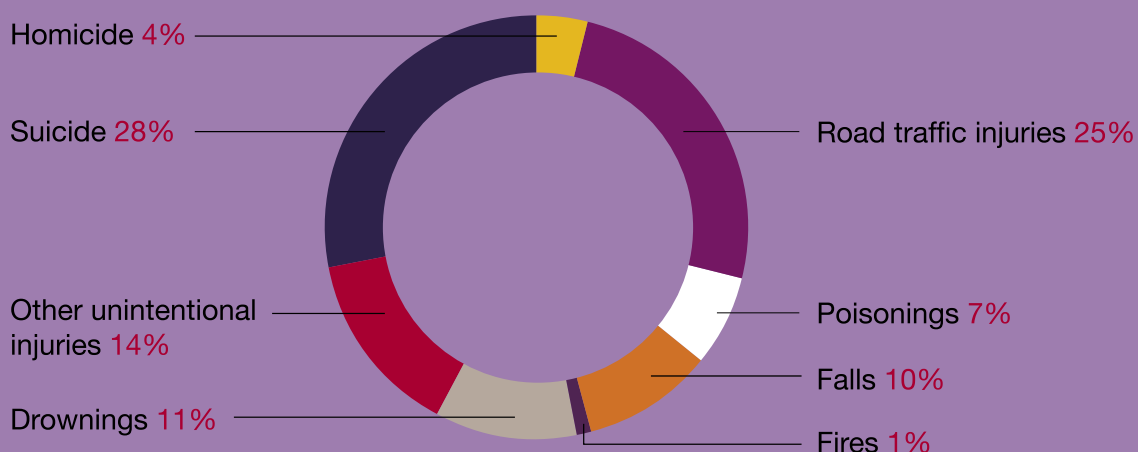
Source: WHO Global Burden of Disease (GBD) mortality database for 2002 (Version 3)

FACTS:

INJURY IN CHINA

- Ministry of Health figures suggest injuries and violence claim more than 750 000 lives each year however WHO estimates more than 994 000 lives were lost in 2002, or about 11% of all deaths (3,4).
- China has one of the highest mortality rates for injury in the WHO Western Pacific Region (4).
- Injuries account for more than 50% of all deaths from the ages of 5 to 44 years, anecdotally including the most economically productive age groups (4).
- 64% of injury deaths are attributable to suicide, road traffic injuries, and drowning. Respectively, these are estimated as the 7th, 10th and 16th, leading causes of death in China.

Proportion of injury mortality by type, China, 2002



Source: WHO Global Burden of Disease (GBD) mortality database for 2002 (Version 3)

The cost of injury and violence

Injuries are one of the greatest public health threats to China's continued economic development. In 1999, injuries cost China an estimated US\$ 12.5 billion – more than four times the annual public health budget(5).

The heaviest burden is among the young. Injury is the leading cause of premature loss of life in China, accounting for approximately 30 million years of potential life lost (YPLL) each year – more than from cardiovascular disease and communicable disease combined.

Official statistics calculate that road traffic crashes cost China more than US\$ 386 million in direct property damage in 2001. The Asian Development Bank (ADB) estimate for the same year that when medical and other direct costs are included **road traffic crashes cost China more than US\$ 12 billion** (6). It is estimated that road traffic collisions cost developing countries about 1.5% of their Gross National Product (GNP)(7). Applied to China this represents **US\$ 29 billion each year** (based on a 2004 GNP of US\$ 1.9 trillion), more than 17 times the official development assistance (ODA) funds (\$1.661 billion) the nation receives as a developing country (8,9).

Further research is needed to accurately and reliably measure the economic burden of injuries in China. Cost benefit studies should be included to show the potential cost saving of investing in injury prevention. **By investing in injury prevention, China stands to save many lives and enormous financial resources every year.**



Injuries are one of the greatest public health threats to China's continued economic development.



UNDER- STANDING RISK FACTORS FOR INJURY IN CHINA

Various behaviours and factors increase the likelihood of injury. Understanding these risks highlights where coordinated efforts will be most effective.

Suicide

Depression is recognized in China as a major risk factor for suicide. In addition, negative life impacts such as physical illness, injury, and financial difficulties increase suicide rates, particularly in the elderly. Additionally, easily accessible toxic pesticides contributes to the high suicide burden in China, particularly in rural areas.

Road traffic injuries

Different modes of transport have different levels of risk. Pedestrians, cyclists and motorcyclists are at greater vulnerability compared with motor vehicle drivers and passengers.

Cycling without wearing a helmet greatly increases the risk of death from head injuries. Head injuries cause 80% of cyclist deaths and yet helmet use in China is virtually non-existent⁽¹⁰⁾.

Not wearing a seat-belt or a motorcycle helmet are major risk factors for serious injury or death in the event of a crash. Observation of usage in Beijing and Guangxi suggests that only about 35% of drivers and front seat passengers wore seat belts correctly and only 16% of riders wore approved helmets, despite the legal requirement^(11,12).

Drowning

Risk factors for drowning include children's ease of access to waterways, especially by those who cannot swim. Alcohol consumption is often a factor in adult drowning. Studies and advocacy campaigns regarding risk factors associated with drowning are limited in China.

Falls

Due to their frailty, the elderly are at greater risk of both falling and sustaining more severe injuries. Approximately 7% of China's population was aged over 65 years in 2000. This is projected to rise, however, to over 20% by 2040. As China's population ages, the impact of falls will become a more prevalent cause of injury.

Poisoning

Storing pesticides inside the home, especially in non-child resistant containers, increases the risk of unintentional poisoning among children. Limiting the access and availability of toxic chemicals will significantly reduce the incidence of poisoning, both intentional and unintentional.

There is an urgent need for further information about risk factors for injury in China. Greater understanding will help shape awareness campaigns and target policies to minimize risk factors and reduce injuries.

Road traffic injury

Road traffic injuries are a leading cause of death in China, linked to an increased number of vehicles and lack of awareness, adherence, and enforcement of road safety rules.

- **More than half (54%) of the people dying on the roads are aged between 15 and 44 years.** This has devastating consequences for the most economically productive age group.
- Official statistics in 2002 reported more than 110 000 deaths and a further 560 000 injuries (mortality rate 8.8 per 100 000 people). **This represents approximately 300 deaths every day, or one death every 5 minutes.**
- Due to data collection and definitional differences the estimates produced by WHO are much higher – WHO estimated that more than 250 000 people died on the roads in China in 2002.
- Mortality rates for males (27 per 100 000 population) are estimated to be more than twice as high as for females (12 per 100 000 population). This imbalance highlights the risk of gender in road traffic injury.
- As in many developing countries, it is the vulnerable road users who are at greatest risk of injury and death. In China 60% of all road traffic deaths between 1995–2002 were among pedestrians (26%), bicyclists (18%) and motorcyclists (16%).
- Road traffic death rates vary by province – Zhejiang, Tibet, Ningxia and Xinjiang record mortality rates two to three times higher than the official national average.
- The World Bank estimates that road traffic fatalities in China increased by 243% between 1975 and 1998, and predicts that they will rise a further 92% by 2020 unless prevention efforts are allocated urgent priority.
- Exposure to the risk of road traffic injury continues to grow, with more than 12 000 new vehicles registered each day in China in 2003.

More than half of those dying on the roads are between 15 and 44 years old.



Although various other risk factors increase road traffic collisions, China's official statistics place most of the blame on the driver, and particularly on young drivers. Official statistics indicate that 45% of road traffic deaths and 52% of all collisions are due to bad driver behaviour, and that 85% of crashes involve drivers aged 21-45 years (2002). There are, however, many other causal factors for road traffic crashes and death, and until these other factors are taken into account, road safety will not improve significantly. Road safety must be tackled in a systematic approach where all relevant factors related to the road environment, the vehicle and the users are seen as contributors to crash, injury and death.

Despite the startlingly high figures, road traffic injuries receive significantly less public and media attention than more unusual health emergencies.

CURRENT ROAD TRAFFIC SAFETY LAWS

In 2003, China's Government formed a 17-Ministry National Road Safety Coordination Committee and instituted the first National Road Traffic Safety Law, introducing vital legislation to mitigate well-documented risk factors, including:

- Protection for pedestrians' rights at pedestrian crossings;
- Compulsory use of seat-belts for drivers and front seat passengers;
- Compulsory helmet use for motorcycle riders and passengers;
- Mandating that medical establishments shall immediately attend to road traffic injuries;
- Mandating that drivers of motor vehicles are responsible for traffic crashes between their vehicle and non-motor vehicles or pedestrians, in the absence of mitigating circumstances; and
- The national road traffic safety law came into effect on May 1, 2004.

Reference: Road Traffic Safety Law of the People's Republic of China. May 1, 2004.

Road traffic injuries can be prevented

There are many intervention opportunities to prevent road traffic injuries in China, including the following examples:

- Mandate, enforce and advocate the wearing of seat-belts (front and rear) and use of child restraint appropriate to age.
- Mandate, enforce and advocate the wearing of helmets for motorcyclists and cyclists.
- Strengthen pedestrian safety by enforcing and communicating the legal right of way of pedestrians at crosswalks.
- Strengthen police presence for enforcing existing road safety legislation.
- Control speed through road design (roundabouts, speed breakers etc).
- Improve quality and level of driver training and examination.
- Segregate motorized from non-motorized vehicles and prevent vehicular encroachment into bicycle lanes.
- Address driver fatigue with mandatory rest periods and driving time limits for commercial drivers.

By introducing and enforcing recommendations such as these, against the current high toll of death and disability from road traffic injuries, and accompanying them with health promotion messages, China can achieve significant and encouraging declines within a relatively short period of time.

COST-EFFECTIVENESS OF STRENGTHENING ROAD SAFETY

Helmet programmes

Introducing and enforcing a mandatory helmet law for bicyclists and motorcyclists in China has been suggested to be a highly cost-effective measure of strengthening road safety. The cost of increasing helmet use from zero to 100% is estimated at US\$ 107 per Disability-Adjusted Life Year (DALY) saved for bicyclists and US\$ 467 for motorcyclists.

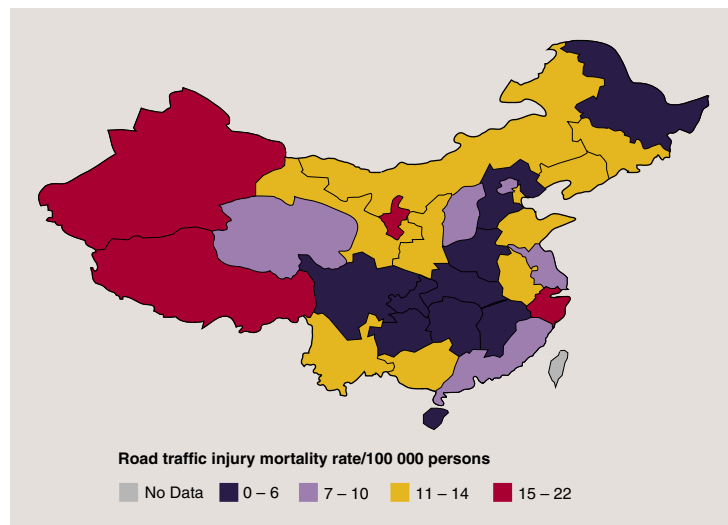
There are an estimated 400 million bicyclists in China and an additional 62 million registered motorcycles. Official statistics suggest that bicyclists and motorcyclists accounted for more than 34% of all fatalities in 1995–2002.

Note: DALYs estimated at 3% discount rate.

Source: Norton R et al., eds. Chapter 39, Unintentional injuries.

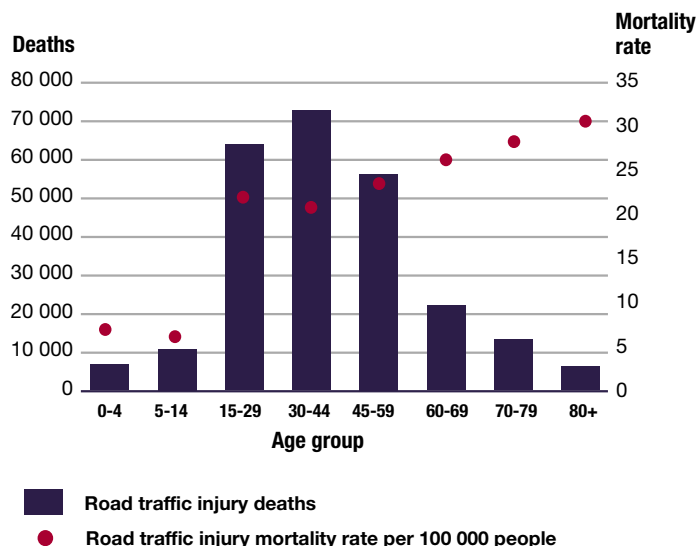
In: Jamison DT et al, eds. Disease control priorities in developing countries, 2nd ed. New York, Oxford University Press, 2006:737-754 (www.dcp2.org/pubs/DCP/39, accessed 14 July 2006).

Road traffic injury mortality rate by province, China, 2004



Source: Ministry of Public Security, 2005.

Road traffic injury mortality rate, China, 2002



Source: WHO Global Burden of Disease (GBD) mortality database for 2002 (Version 3).



Suicide

- Published reports suggest that suicide is the leading cause of death in China for people aged between 15 and 34 years old.
- Suicide is the most frequent injury death in China. In 2002 an estimated 272 000 people died from self-inflicted injuries (a mortality rate of 22 people per 100 000 people). Someone takes his or her own life approximately every two minutes in China.
- An estimated 166 000 people commit suicide each year by intentionally ingesting agricultural pesticides, making this by far the leading method of self-inflicted injury.
- Studies suggest that suicide rates in women are 25% higher than in men. The female suicide rate is particularly high in rural areas.
- The issue of suicide is cloaked by significant social stigma and sensitivity, hampering prevention efforts.

Since 1999, suicide prevention has been listed as a mental health priority for the Ministry of Health in China. However, there is also strong potential for collaboration with the injury prevention community, particularly in relation to the prevention of pesticide poisoning.

Suicide can be prevented

Further research towards identifying risk factors and effective prevention strategies specific to the Chinese setting is required. Additionally, strengthening of social support and community networks, increasing public awareness of mental health issues and improving both quality and quantity of mental health services, especially in rural areas are important priorities.

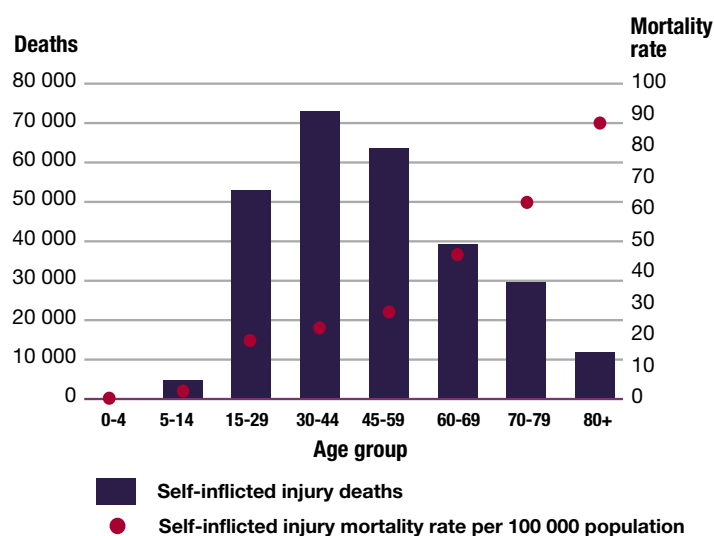
International experience shows the following interventions reduce self-inflicted injuries:

- Promotion of mental health screening and development of treatment services.
- Provision of easy-to-access assistance (e.g. telephone counseling services).
- Restricted availability of and access to the means of suicide by banning selected highly toxic pesticides and regulating contact, for example by requiring storage at a central village location rather than in homes.



Someone takes his or her life approximately every two minutes in China.

Suicide mortality, China, 2002



Source: WHO Global Burden of Disease (GBD) mortality database for 2002 (Version 3).

Drowning

- Drowning is the third leading cause of injury mortality in China, accounting for 112 000 deaths each year according to WHO estimates.
- Half of all drowning deaths occur among children under 15 years of age, and children under five years of age are almost five times more likely to drown than any other age group.
- More Chinese children between the ages of 5 and 14 years die from drowning than any other cause.
- No data is available on the burden of near-drowning (or non-fatal drowning) in China.
- UNICEF estimates that 80% of children in Chinese east coast cities cannot swim.

Location of drowning

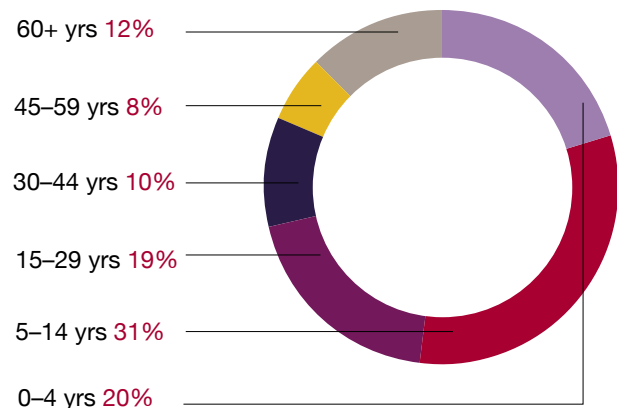
- Nearly 44% of all child injury deaths in urban areas are from drowning; the percentage is 58.2% in rural areas. Drowning mortality rates are 4–10 times greater in rural areas compared to urban areas.
- Drowning is a major cause of childhood mortality in South-East China, where exposure to drowning hazards (rivers, waterways, lakes etc) is common.
- In Guangxi Province drowning is the leading cause of injury death among children aged 1–9 years, and in Jiangsu Province it accounts for 70% of injury deaths for the age group 1–4 years old, and 50% for the age group 5–14 years old.

Drowning can be prevented

There are many opportunities to implement effective interventions, such as the following methods:

- Provide safe environments including by limiting access to bodies of water.
- Promote learn to swim campaigns.
- Promote strengthening and enforcement of water transport safety regulations (such as making mandatory the provision of floatation devices on all water craft).
- Promote constant and vigilant supervision of children by parents and adults.

Drowning deaths by age group in China, 2002



Source: WHO Global Burden of Disease (GBD) mortality database for 2002 (Version 3).

Urban Areas

Age group	Mortality rate*	% of injury deaths
1–4	4.3	42.8
5–9	1.9	44.5
10–14	1.4	44.5

Rural Areas

Age group	Mortality rate*	% of injury deaths
1–4	19.4	60.7
5–9	16.8	59.4
10–14	14.0	54.7

Source: Ministry of Health, China, 2001.
* Mortality rate per 100 000 population.

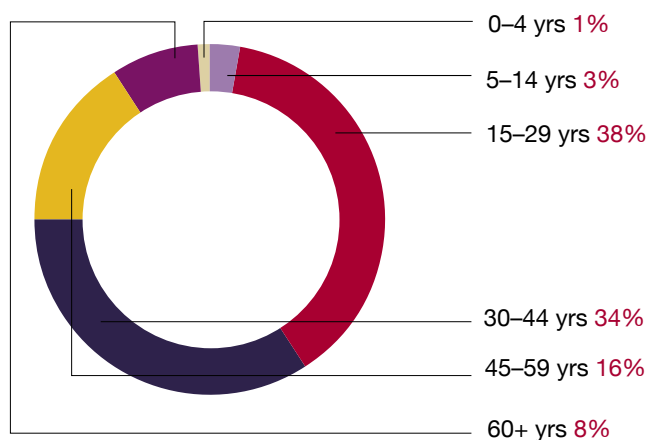
More Chinese children between the **ages of 5 and 14 years** die from drowning than from any other cause.



Violence

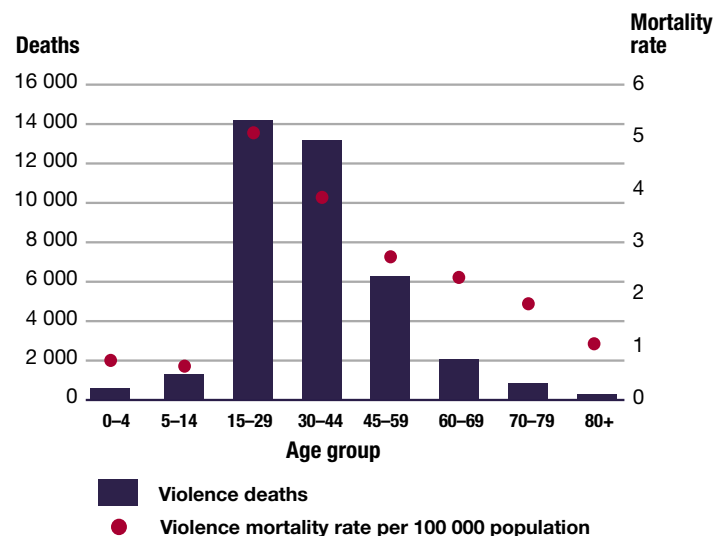
- Homicide (death by violence) is estimated to be the 4th leading cause of death in the age group of 15–29 years.
- An estimated 38 000 people died from homicide related injuries in 2002.
- Overall mortality rates for violence have been estimated at 3 per 100 000 people each year. However the rate for males (4.6) is three times greater than that among females (1.5).
- For every person who dies as a result of violence, many more are injured and suffer from a range of physical, sexual, reproductive and mental health problems.
- Domestic violence and familial violence are significant problems in China. A survey conducted by the All China Women’s Federation’s (ACWF) suggests that over 30% of women suffer from domestic violence. Nearly half the survey respondents considered it acceptable for husbands to beat their wives, indicating ingrained social acceptance of this problem and an unwillingness to interfere in what is often seen as a family issue.
- In provincial surveys, 50% of all children sampled report experiencing violence directed at them.
- Violence places a massive burden on national economies, costing countries billions of dollars each year in health care, law enforcement, costs of incarceration, and lost productivity.

Violence deaths by age group in China, 2002



Source: WHO Global Burden of Disease (GBD) mortality database for 2002 (Version 3).

Violence mortality in China, 2002



Source: WHO Global Burden of Disease (GBD) mortality database for 2002 (Version 3).

Violence can be prevented

WHO’s *World report on violence and health* highlights a number of proven and promising strategies for the prevention of violence: home visitation by professional nurses and social workers; parent training on child development, non-violent discipline and problem-solving skills; pre-school enrichment programmes to give young children an educational head start; social development and life skills training to promote non-violent conflict resolution skills in children and adolescents; reducing alcohol availability through taxation, pricing and the enforcement of liquor licensing laws; restricting access to firearms; and multi-media campaigns to promote non-violent social norms. For severe physical injuries due to violence measures to improve the efficiency of emergency care will assist in reducing the risk of death, the time for recovery and the level of long-term impairment.

These interventions have been shown through international studies to be effective in preventing violence and have strong potential for effect in China. However, more research is needed to understand the specific causes and risk factors for violence in China and how prevention strategies developed elsewhere can be tailored to local conditions.

WHO: COLLABORATING ON INJURY PREVENTION IN CHINA



WHO plan of collaboration for injury prevention in China

In consultation with the Ministry of Health and the Chinese Center for Disease Control and Prevention (China CDC), WHO has developed a 2005–2008 cooperative action plan to guide the collaboration between WHO and the Government in injury prevention priorities in key areas. These include:

- Road traffic injury prevention.
- Child injury prevention (with particular focus on preventing drowning).
- Progress towards designation of Safe Communities in China.
- Prevention of pesticide poisoning (covering both intentional and unintentional poisoning).
- Investigating the economic burden of injury.
- Strengthening capacity for injury prevention in the health workforce.
- Expansion of hospital-based injury surveillance and conducting community surveys.

Prevention

WHO has developed a series of documents calling attention to injury and violence prevention. The *World report on violence and health* (2002) and *World report on road traffic injury prevention* (WrRTIP) (2004) emphasize the importance of addressing violence and road traffic injury as public health issues, and highlight effective mechanisms. These ground-breaking reports were compiled by leading injury experts from around the world, and are available in Chinese. As a follow on to the WrRTIP, WHO, in partnership with the World Bank, the FIA Foundation for the Automobile and Society, and the Global Road Safety Partnership are producing a series of good practice manuals that provide detailed guidelines on how to implement the recommendations of the WrRTIP. The manuals in this series include helmet and seat-belt wearing, drinking and driving, speed management, how to develop a lead agency, and mechanisms for strengthening the collection of data.

Surveillance

In collaboration with the United States Centers for Disease Control and Prevention (US CDC), WHO produced the Injury surveillance guidelines to assist countries in developing surveillance systems for injury prevention. In 2004 WHO released the most recent in this series, *Guidelines for conducting community surveys on injuries and violence*. Both guidelines are available in Chinese. The National Center for Chronic and Noncommunicable Disease Control and Prevention (NCNCD) of China CDC has used these guidelines to develop a national hospital-based injury surveillance system, which is currently being implemented in more than 120 hospitals around China. WHO is also supporting an expansion of this system in Shandong Province.



Advocacy

World Health Day in 2004 focused on road safety by highlighting that “Road Safety is No Accident”. This major advocacy campaign outlined the substantial life-saving potential that implementation of the recommendations from the *World report on road traffic injury prevention* can achieve and addressed the enormous global tragedy and burden of road traffic injury. In addition WHO produced a Chinese language version of the report, launched in October 2004 by the Ministries of Health and Public Security in an event that symbolized a growing multi-sectoral approach to road safety within the Government in China. The next high profile advocacy event will be the First United Nations Global Road Safety Week scheduled from 23 to 29 April 2007.

Since the successful international launches of the *World report on violence and health*, WHO is also leading a global campaign for violence prevention. The objectives of the campaign are to raise awareness about the problem of violence, highlight the crucial role that public health can play in addressing its causes and consequences and encourage action at every level of society. The Campaign serves as the main platform for implementing the recommendations of the *World report on violence and health*.

Capacity building

Violence and injury prevention experts from WHO and other global injury prevention experts together developed the “TEACH-VIP” programme: *Training, Educating, Advancing Collaboration in Health on Violence and Injury Prevention*, towards meeting the need for greater skills and capacity of injury prevention practitioners (particularly in developing countries). TEACH-VIP is a comprehensive injury prevention and control curriculum, comprising 60 (1-hour) lessons. Extensively tested and receiving broad acceptance worldwide, TEACH VIP is available to all organizations wishing to teach injury prevention.

The material received strong endorsement from recipients in China as meeting the training requirements for building workforce capacities in injury prevention, and is available in Chinese.

Policies

Recognizing the need for technical assistance in the development of national policies and strategies for violence and injury prevention, WHO, with the support of leading experts have produced *Developing policies to prevent violence and injuries: guidelines for policy makers and planners*. In collaboration with the Ministry of Health and China CDC, WHO is currently assisting the development of a national report on injury. When completed, attention will turn to the development of a national plan of action for injury prevention for which these newly released guidelines will provide valuable support.

Services for pre-hospital and trauma care

Pre-hospital and trauma care systems WHO recently released guidelines to support governments developing minimum services for pre-hospital and trauma care of those suffering injury. WHO recently facilitated a review of China’s trauma care systems at the request of the Ministry of Health. Findings suggested that while the components of the trauma system are well developed, links between the components require strengthening. International exchange programmes to train China’s trauma care doctors would also be of great utility.

ASSISTANCE FROM THE INTERNATIONAL COMMUNITY

WHO urges donors to add injury prevention to their portfolio of development assistance to China. External support for implementing WHO's plan of action will boost injury prevention efforts in China.

Your financial and other assistance would be particularly beneficial to:

- strengthen surveillance and surveys of injury;
- build workforce capacity to implement and evaluate injury prevention programmes;
- conduct projects demonstrating, in a Chinese setting, how international best practice regarding seat-belts and safety restraints, helmets for motorcyclists and bicyclists, and speed restrictions, can reduce injuries and deaths; and
- strengthen emergency services for victims of violence and injury.

You can also support injury prevention in China by:

- developing partnerships with relevant government departments and academic institutions that contribute to research in injury prevention;
- forging partnerships with WHO;
- increasing attention of injury prevention in international aid country programmes;
- making other targeted donations;
- providing technical support; and
- lending political support.

Contact

Office of the WHO Representative in China

E-mail wr@chn.wpro.who.int

Web www.wpro.who.int/china/sites/injury_prevention

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Web www.who.int/violence_injury_prevention/en/



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